Effective October 1, 2003 (08/3072													
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTIT													
T	OTAL CLAIM	\$	15	. IS				RATE	FEE	7	RATE	F	EE.
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F	EE 385.00	OF	BASIC FE	770	0.00
TOTAL CHARGEABLE CLAIMS			15 1	1 5 minus 20=		٠ ي		X\$ 9=		OF	X\$18=		
INDEPENDENT CLAIMS			1	minus 3 =		٥.		X43= `		OR	Yes	十	
M	JLTIPLE DEPE	NDENT CLAIM	PRESENT	IESENT				+145=	1	1		1	
% the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	12.00	OA		╀	
4	indt		TOTAL 385 OR TOTAL OTHER THAN										
		(Column 1)		D - PART II (Column 3)				SMALI	ENTITY	OR			
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AD TIO	NAL
	Total	.31	Minus	- 20)	- 11		X	275.00	OR	X\$18=		
	Independent	1.3	Minus	- 3		•		X43=	1	OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	17.	OR	+290=		
2/22/06								TOTAL			TOTAL ADDIT, FEE	$\vdash \vdash$	一
		(Column 1)		DUII. PER			AUDII. PEE						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		MIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT . EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE	M
	Total	. 24	Minus	- 3/		-/		X\$ 9=		OR	X\$18±		
	Independent	NTATION OF MI	Minus	3	2 4 12 4	/	Γ	X43= ·	•	OR	.X86≈	-	
_1	PIRST PRESE	NIAHON OF MI	JCIPLE DE	PENDENT	LAIN		T	+145=		OR	+290=		
								TOTAL DOT, FEE		OR	TOTAL NODIT, FEE	•	\dashv
(Column 1) (Column 2) (Column 3)													
A MENDWEN C		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	ľ	RATE	ADDI- TIONAL FEE		PATE	ADD TION FEI	AL
	Total	•	Minus	**		•	Γ	X\$ 9=		OR	X\$18=		\Box
	Independent	•	Minus	900		•		X43=		OR	X86=		7
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												4
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3.												_	
- 11	the "Highest Nur the "Highest Nur	abor Previously Pai abor Previously Pa	id For IN THE Id For IN THE	S SPACE IS IN	ess than	20, enter "20." 3, enter "3."		TOTAL DIT. FEE			DOTT. FEEL		-
T	re "Highest Numi	ber Previously Paid	For (Total or	Independent) is the t	ighest number:	lound	in the app	roprista bax	in con	mn 1.		

Application or Docket Number